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Building a flexible, voluntary donation panel: An exploration of donor willingness

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5

Abstract

Background

As Blood Collection Agencies (BCAs) face recurrent shortages of varying blood products, developing a panel comprising donors who are flexible in the product they donate based on same-time inventory demand could be an efficient, cost-effective inventory management strategy. Accounting for prior whole blood (WB) and plasmapheresis donation experience, this paper explores current donors' willingness to change their donation product and identifies the type of information required for such donation flexibility.

Study Design and Methods

Telephone interviews ($M=34$ minutes, $SD=11$) were conducted with 60 donors recruited via stratified purposive sampling representing six donor groups: *No plasma*, *New to both WB and plasma*, *New to plasma*, *Plasma*, *Flexible* (i.e., alternating between WB and plasma), and *Maximum* (i.e., high frequency alternating between WB and plasma) donors. Participants responded to hypothetical scenarios and open-ended questions relating to their and other donors' willingness to be flexible. Responses were transcribed and content analysed.

Results

The most frequently endorsed categories varied between donor groups with more prominent differences emerging between the information/support that donors desired for themselves versus for others. Most donors were willing to change donations but sought improved donation logistics and information regarding inventory levels to encourage flexibility. The factors perceived to facilitate the flexibility of other donors included providing donor-specific information and information regarding different donation types.

Conclusion

1 Regardless of donation history, donors are willing to be flexible with their donations. To
2 foster a flexible donor panel, BCAs should continue to streamline the donation process and
3 provide information relevant to donors' experience.

4

5 **Keywords:** Inventory management, blood supply, flexible donor, whole blood,
6 plasmapheresis

7

8 **Running Head:** Building a flexible, voluntary donation panel

1 Introduction

2 Meeting the demand of health services for different types of blood products is critical.
 3 Unfortunately, Blood Collection Agencies (BCAs) face recurring inventory shortages despite
 4 continuing improvements in supply management practice [1-3]. Such shortages are driven by
 5 supply issues (e.g., cold/flu season [1]) or increases in demand for WB [4] or plasma-derived
 6 IVIg [5] products. Effective inventory management procedures [6] focus on demand in the
 7 demand/supply chain [3], however, supply strategies are also recommended [7].

8 A flexible donor panel comprising donors willing to donate the product required
 9 based on real-time inventory demands could provide a cost effective resource to address
 10 shortages [8]. Although BCAs regularly recruit new donors, there are significant advantages
 11 in targeting current donors. Current donors bring reduced risks of transfusion-transmitted
 12 infection [9, 10] and are cost efficient [11]. However, donors are typically viewed and
 13 managed by BCAs as belonging to a discrete donor panel (i.e., either WB or plasmapheresis,
 14 not both). The extant literature relating to donor flexibility is limited to a single narrative [8]
 15 and empirical study [12].

16 Preliminary research on donor flexibility indicated donors' willingness to make
 17 additional donations of a different type [12]. For example, typical plasmapheresis donors
 18 (i.e., 1 WB and ≥ 5 plasmapheresis donations) were willing to make a WB donation between
 19 plasmapheresis donations if requested while WB donors (i.e., ≥ 2 WB donations and 0
 20 plasmapheresis donations) were willing to make a plasmapheresis donation between their
 21 WB donations. [12]. These findings are consistent with viewing donation flexibility as a form
 22 of *functional flexibility*, which is a willingness and capacity to assume various functions in
 23 response to demands [13, 14]. Research suggests this flexibility benefits both the organization
 24 (through reduced organizational costs and increased productivity) and those engaged by the

organization (through the perception of more varied and high-quality tasks) [15]. This suggests if managed optimally, donation flexibility could enrich donors' experience.

Bagot and colleagues' study [12] provided preliminary insight into donor flexibility however, their focus was on the *addition* of a donation, not *changing* to a different donation at short notice. For a donor panel to be completely flexible, operating both effectively (e.g., changing when needed) and efficiently (e.g., requiring few resources), donors need to be willing to change their donation when asked to by the BCA. While WB and plasmapheresis donation appointments are made in similar ways (in centre, by phone or on-line), WB donations take less time and can be made less frequently (e.g., every 8 weeks in USA, <http://www.aabb.org/tm/donation/Pages/donatefaqs.aspx>; 3 months in Australia, <http://www.donateblood.com.au/who-can-give/when-can-i>) than plasmapheresis (e.g., twice a week in USA, <http://octapharmaplasma.com/donor/plasma-donation-faq>; fortnightly in Australia, <http://www.donateblood.com.au/who-can-give/when-can-i>).

What factors will impact on donors' willingness to engage in real-time flexibility?

The blood donation and broader volunteering literatures suggest factors that may impact on donors' decision-making to facilitate real-time flexibility. Donors already demonstrate some flexibility in converting from WB to plasmapheresis donation [16-18]. Differences between WB and plasmapheresis donation have been identified as barriers to conversion [16, 19], and these factors may also be barriers to broader donation flexibility. For example, while the perception of plasmapheresis as a lengthy and demanding process may hinder a move between WB and plasma [20, 21], the perceived superior status of the plasmapheresis panel [19] may make it difficult to encourage plasma donors to return to WB. However, these factors may only impact when donors are asked to consider a permanent panel move to become 'just' a WB or plasma donor. In the context of flexibility and donors'

willingness [12] some of these factors may deter less if donation of the alternative product continues to be an option. Identifying barriers and facilitators specific to flexible donation is required so BCAs can proactively support donors' to do this.

Donors' 'real time' flexibility may also be determined by the donor's motivation. Self-identity becomes an important internal motivator of donation with increasing experience [22]. This identity appears closely tied to the specific donation behavior (e.g., WB or plasma; [15]), facilitated by donation-specific BCA marketing and retention strategies. Indeed, Bagot and colleagues' analysis [12] showed that donors who had only made a single WB and a single plasmapheresis donation were most willing to be flexible (i.e., to move between the product panels). These donors had yet to form strong identities [23, 24] specific to one donation type, and thus responded well to a request for flexibility. Consistent with the concept of functional flexibility, these donors may have seen the greatest personal rewards from flexible donation behavior as it allowed them to engage in a more interesting, varied role that did not conflict with an established, valued donor self-identity.

Requests for 'real time' flexibility may be received differently by more experienced donors who have a strong blood product specific identity. If their identity coincides with a preference for consistency [25, 26] then being asked to donate something different may violate these donors' expectations [27]. In the extreme, requests to donate flexibly may be seen as a violation of the *psychological contract* (i.e., the "individual's belief in mutual obligation" [[28], p. 679]) between themselves and the BCA [29]. Such a violation may motivate the donor to lapse from donating.

However, given the potential benefits to BCAs of immediate donor responsiveness to inventory levels, examining how current donors perceive a request to be flexible would be beneficial to BCAs. In this feasibility study, we explore donors' willingness to change donation types and identify the type of information, support, and notice periods required to

foster donation flexibility. Given the evidenced differences between donors in various stages of their donation career identified in the limited donor flexibility [12] and broader blood donor literatures (e.g., [30, 31]), the impact of donor history on perceptions of donation flexibility will be explored.

Materials and Methods

Participants and Procedure

Donors who had donated in the three-months prior to the study were approached by phone by members of the Australian Red Cross Blood Service (Blood Service) Donor and Community Research (DCR) team. To have 36 donors participate in focus groups and 60 donors in interviews, 167 donors had to be approached (58% agreed to participate). Participants were stratified via donation type history and purposive sampling undertaken with the average age and gender proportions matched to the respective donor panel demographics (see Table 1). Ten donors from six discrete donor groups varying on donation history were interviewed:

1. No plasmapheresis experience (No plasma)
2. 1 or 2 WB donations and only 1 plasmapheresis donation (New to both)
3. A minimum of 3 WB donations and only 1 plasmapheresis donation (New to plasma)
4. A minimum of 5 plasmapheresis donations (Plasma)
5. A minimum of 2 WB donations alternated with 3 plasmapheresis donations in the previous two years (Flexible)
6. A minimum of 2 WB donations alternated with 2 plasmapheresis donations in the previous six months and/or a minimum of 3 WB alternated with 4 plasmapheresis donations in the past 12 months (Maximum).

Both *Flexible* and *Maximum* groups comprised donors who already engaged in flexibility by alternating between WB and plasma. Participants received a \$40 money order.

Given the relative unfamiliarity of donation flexibility, four focus groups were conducted by an author (KB) prior to the individual interviews with donors varying in donation experience (*New to plasma* $n=5$, *Plasma* $n=10$, *Flexible* $n=9$, *Maximum* $n=4$ focus group participants, 8 participants who had consented could not participate due to logistical difficulties). The groups evaluated the relevance of questions for donors with different donation histories with no changes required. No focus groups were held for *No plasma* and *New to both* due to difficulties in recruiting these samples to attend a focus group in a central location at a date and time suitable to sufficient numbers. However, most were willing to participate in a telephone interview at their convenience.

One author (KB) and a member of the Blood Service DCR team conducted the individual telephone interviews (16-63 minutes, $M=34$, $SD=11$). Interviews focused on hypothetical scenarios: first, a request from the BCA to make a WB donation when arriving for a plasmapheresis appointment and, second, to make a plasmapheresis donation when arriving for a WB appointment. Participants were initially asked how willing they would be to change their donation based on the in-centre request and to explain their response. Participants also responded to open-ended questions about what information and type of support they needed to facilitate their decision to change donation type (e.g., “If *you* were going to be asked to change *your* donation type, what sort of information would *you* like to help *you* make the decision?”). To overcome social desirability biases, these questions were then re-framed to capture participants’ perceptions of the information and support *other donors* would need (e.g., “What sort of information do you think that *other donors* would like to help *them* make the decision to change their donation type?”) [32]. Finally, donors were asked how much notice they would require to change donations. Some questions were not relevant to donors due to their prior responses, or due to their donation history (e.g., questions about plasmapheresis to *No Plasma* group donors) so response numbers vary by question.

Where appropriate, probing and follow-up questions were used to encourage elaboration and clarification. The BCA and lead University ethics committees approved the study.

Analysis

Interviews were audio recorded and transcribed verbatim. Content analysis allowing quantification [33] assisted by qualitative software (NVivo version 10) was used for inductive (develop coding framework, undertaken by one author and a research assistant) and deductive (code against framework for specific questions, undertaken by one author) analysis. Codes were classified into overarching categories, representing meaningful clusters of codes [33] and reviewed by other authors. Two raters independently reviewed the longest transcript in each sample (minimum of 10% of transcripts, therefore, double-coded) using specific coding criteria with excellent inter-rater reliability (i.e., $\kappa > 0.81$ for each sample [34]; *No plasma* $\kappa = 0.84$, *New to both* $\kappa = 0.88$, *New to plasma* $\kappa = 0.96$, *Plasma* $\kappa = 1.00$, *Flexible* $\kappa = 0.86$, *Maximum* $\kappa = 0.83$).

Results

Willingness to change donation type

Almost all participants indicated that they were either somewhat or completely willing to change from plasmapheresis to WB (100%) or from plasmapheresis to WB on request (87%). There were, however, concerns raised and caveats added. As may be expected, participants were more reluctant to change to plasmapheresis on request compared to WB and, regardless of willingness, voiced concerns about time constraints.

Flexibility from WB appointment to plasmapheresis donation

Those completely willing (54%) to donate plasma when arriving for a WB appointment were donors new to (*New to both* and *New to plasma*) and experienced with plasmapheresis (*Plasma*) donation. However, only 56% of the *New to plasma* compared to

70% of *Plasma* and 89% of *New to both* samples indicated complete willingness. Reasons for complete willingness related to benefits for the Blood Service (20% e.g., usefulness), benefits for the donor (10% e.g., familiarity of donation type), and a desire to help by doing whatever was required (25%). None of the *Flexible* and *Maximum* donors were completely willing, however most (75%) were somewhat willing to donate plasma on request and indicated, in addition to time constraints, that they wanted to feel in control of their donation pattern and that their willingness would depend on how they felt at that particular time.

Flexibility from plasmapheresis appointment to WB donation

The majority of donors from all samples indicated that they were completely willing (83%) to donate WB at their plasmapheresis appointment. However, while 89% of *new to both*, 56% of *new to plasma* and 90% of *plasma* donors indicated complete willingness, only 33% of *maximum* donors did so. As with changing from WB to plasmapheresis, donors indirectly referenced demand by explaining their willingness as “whatever is required” (63%). They also indicated that they trusted the BCA (20%) or had no preference for a specific donation type (14%). Donors who were somewhat or completely willing raised queries regarding if such a request would be within BCA regulations (10%) and the physical impact (14%) of agreeing to such a request.

Information and support required for flexibility

Some differences for the type of information and support needed to facilitate donors’ flexibility decisions were observed between the samples but more notable differences were identified between what the donors wanted for themselves and the perceived needs of others.

Donors’ own flexibility

Overall, many participants ($n=33$, 59%; about half of the donors in each sample) initially indicated that they did not need additional information to assist in their own decision to be flexible except being specifically asked by the BCA (refer Table 2). Almost all (9 of 10) of the *Flexible* donors stated that a request from the BCA was sufficient, consistent with their flexible donation history. However, many other donors indicated that additional information would support them to be flexible.

For themselves, donors most frequently requested support from the Blood Service centred on improving donation logistics ($n=26$, 46%) with this factor mentioned more often by experienced donors (*New to plasma*, *Plasma*, *Flexible*, *Maximum*). The specific logistics seen as important varied across the experienced donor samples: *Plasma* donors wanted the Blood Service to keep in contact regarding the need for different donations, while *Flexible* and *Maximum* donors focused on the logistics around making appointments. *Maximum* donors mentioned improving the donation process (e.g., reducing waiting times, more machines) more often compared to other donors.

With the exception of the *No plasma* sample, approximately half of the donors in the other samples mentioned that information about inventory levels ($n=24$, 43%) would help facilitate flexibility. *New to plasma* donors, in particular, indicated that they wanted to be advised what specific donation type was needed. The less experienced *New to both* donors, however, were less specific in their mention of the Blood Service's inventory needs (e.g., "Happy to donate whatever is needed").

Less frequently endorsed categories in relation to donors' own decisions included information regarding different donation types (21%), information about donation recipients (16%), and donor-specific information (14%).

Other donors' flexibility

To overcome any reluctance that donors may have about responding in relation to themselves, donors were also asked to consider what information or support other donors might need. In response, fewer participants had suggestions (refer Table 2). However, and in contrast with responses for themselves, half of those who responded ($n=19$, 54%) believed that donor-specific information (e.g., risks) and information regarding different donation types ($n=18$, 51%) were important (e.g., education about plasma/the plasmapheresis process). *New to both* donors, in particular, perceived donation type information as important for others. A smaller proportion ($n=13$, 37%) thought that the Blood Service should clarify how changing donations would benefit the recipients. There were some notable differences between samples with almost half of the *New to both*, *New to plasma*, and *Plasma* donors indicating donation recipients as important for others' flexibility, while very few of the *Flexible* and *Maximum* donors referenced recipients.

None of the participants thought that others would change donations on the basis of only a request; additional information would be required. Some donors ($n=11$, 31%) emphasised the importance of explaining why the Blood Service would make such a request and provided specific details as to how the request for flexibility could be made. For example, more ($n=4$) participants suggested advising donors about flexibility early in their donor careers than later ($n=1$). Overall, and in direct contrast to factors cited as important for participants' own decisions, the least frequently endorsed categories when considering other donors were donation logistics ($n=7$, 20%) and inventory levels ($n=7$, 20%).

Notice required to change donation type

Donors indicated more notice was required and more variation across samples was observed when being asked to change to plasmapheresis than to WB (refer Table 3). For the request to donate plasma not WB, most donors indicated that either no notice (i.e., changing

at presentation, 25%) or short notice (1 day, 23%; 2 days, 25%) would be needed, although some (9%) requested a week's notice. For changing from plasmapheresis to WB, donors typically indicated that no notice would be required (i.e., changing at presentation, 64%; same day, 15%), with fewer requiring one week (3%).

Discussion

Although variation was observed depending on prior donation experience, donors generally appear willing to be flexible with their donations in response to a BCA request. When information and support is sought, the most frequent requests focus on improved donation logistics, information on inventory levels, and specific requests as to the type of donation needed. Donors highlighted that additional information about the different donation types would also be beneficial for others. These responses suggest that BCAs can provide specific support and targeted information to facilitate movement between donation types.

The proportion of donors who stated that they were somewhat or completely willing to flexibly change donations was high across all samples. This possibly reflects some socially desirable responding [32] given that donors indicated a request would be sufficient for themselves but not for others. To facilitate donors' transition from verbal willingness to flexible behavior, it would be prudent for BCAs to provide the breadth of information and support reported here by donors as important for a transition to flexible donation.

Specifically, improving the logistics of donation and understanding the BCA's inventory level demands were the most prominent categories identified across all samples that BCAs could address to encourage flexibility. To manage supply effectively, BCAs should *make it easy* to change donations and *tell donors what products are needed* to satisfy current demands. Donors had a number of suggestions on how BCAs could improve logistics around the donation such as simplifying the scheduling of appointments, more effective use

of reminders via calls or texts, and shortening the donation process (e.g., reducing repetitive questioning where possible, identifying busy periods to reduce waiting times). Although such suggestions are consistent with the broader literature [16, 19, 31], improving the logistics of donation appeared particularly important to encourage flexibility among more experienced (*New to plasma, Plasma*) and regular (*Maximum*) donors. Donors with more extensive experience wanted more specific information regarding inventory levels to encourage flexibility. While a request to donate flexibly may breach the psychological contract [28] between donors and the BCA, the experienced donors wanted a different type of approach than that requested by less experienced donors.

Experienced donors are strongly engaged with donation and may view themselves as senior members of the blood donor community. Consistent with their donor identity, a request for more specific information may reflect their need for self-verification [35] as a prototypical member of the donor community and serve as a point of positive distinctiveness away from less experienced donors. BCAs therefore need to take care in how they approach established donors when requesting flexibility, providing more detailed information and specific support. Addressing this desire for differentiation needs to be handled carefully so as to not alienate early career donors [12]. One solution is to provide tiered information that increases in complexity from the general messages favoured by early career donors ('whatever is needed') to specific information on inventory levels and demands that experienced donors ('we are low on plasma today as more has been used than usual') may prefer. Donors can choose which level they access, allowing experienced donors to self-verify their identity while not alienating early career donors. Such tiered information could be included in materials designed to introduce the concept of flexibility [36] early in the donation career and consistently reinforced through messaging accompanying the initial (e.g., in Welcome packs) and subsequent donations (e.g., via in-Centre collateral). These materials

could also incorporate the resources that donors highlighted as important for others in making the decision to donate flexibly, including information about the experience that donors could expect to have if they change their donation, information on recipients, and education on the different needs for blood products. In this context of consistent messaging, flexible behavior would be positioned as normative, requiring less additional information or support from the BCA at each request. Maximum donors, who donate multiple blood products frequently, should be excluded from flexible approaches. A change to an appointment may disrupt a valued routine and impact on subsequent scheduled donations (given that the waiting period between donations differs dependent on the donation type).

Although participants were generally willing to change their donation type, time constraints were often mentioned, consistent with barriers to donation observed in the broader literature [37-40]. In the context of flexibility, this barrier also emerges in the context of the ‘real-time’ nature of the request to change donation types. Donors wanted extra notice to change from a WB appointment to plasmapheresis. Lack of time has been cited as a deterrent to plasmapheresis donation specifically [20, 21] and to increasing the frequency of donations [41] and, as indicated in the results here, could be a key barrier to donation flexibility. The importance of this deterrent regardless of prior donation history reinforces the importance of managing time expectations and streamlining the plasmapheresis process. These modifications will have beneficial donor recruitment and retention outcomes for plasmapheresis (see, for example, [36]) while also facilitating the flexible movement of WB donors to the plasmapheresis panel. Such modifications can be operationalized through shortening the plasmapheresis questionnaire and making electronic completion possible [42, 43]. Until such changes can be introduced, effective distracters [44, 45] during waiting and donating periods could lessen the perception of plasmapheresis as a lengthy procedure [46].

1 This exploratory study extends the limited flexibility literature, but some limitations
2 should be noted. First, donors' oral responses to hypothetical scenarios [47] may not reflect
3 their subsequent behavior; how willingness translates to behavior [23, 48-50] is yet to be
4 examined. Second, it is unknown how donors already donating flexibly (*Flexible* and
5 *Maximum*) came to engage in this behavior. We do not know whether these donors alternated
6 between WB and plasmapheresis in response to BCA requests or, perhaps, for health or
7 practical reasons. Examining this process with these donors is an important next step. Third,
8 reflecting the exploratory nature of the work, some of the most frequently endorsed
9 categories were based on a small number of responses. Further research with larger samples
10 exploring donor behavior after requests to be flexible is needed and would allow analysis by
11 donor gender and age. Such information would facilitate more advanced strategies to build
12 flexible donor panels.

13 Taken together, this exploratory study suggest that a flexible donor panel is viable,
14 that donation type flexibility should be introduced early in the donor career, and that
15 providing general information about different donation types, product uses, and varying
16 inventory levels should be emphasised throughout all BCA communications. BCAs can
17 facilitate transition between donation types by advising donors the product needed at the time
18 of their appointment and ensuring that processes make it logistically easy to donate and to
19 change donations. For those at a later stage of their donor career, the information provided or
20 available to encourage flexibility should be concise and specific. Parallel efforts to broaden
21 the donation role identity to include all donation types could assist BCAs in building a
22 flexible donor panel in the longer term [36]. Even if only a proportion of the donor panels are
23 consistently flexible, BCAs will be more effectively resourced to adapt in real-time to
24 changing inventory demands.

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Table 1

Donor demographics and donation behavior by sample

Sample [#]	# Whole Blood (WB) donations	# Plasmapheresis (plasma) donations	Age Mean (SD) years Range	Gender		M (SD) all donation types in last 5 years
				Male	Female	
<i>No plasma</i>	Minimum 2	Eligible but 0 donations	38.80 (15.63) 19-58	6	4	5.50 (3.63)
<i>New to both WB and plasma</i>	Only 1	Only 1	37.50 (11.36) 21-55	7	3	2.00 (0.00)
<i>New to plasma</i>	Minimum 3	Only 1	39.40 (14.71) 21-60	5	5	7.50 (3.66)
<i>Plasma</i>	Minimum 1	Minimum 5	38.40 (12.54) 23-55	5	5	14.50 (5.40)
<i>Flexible WB and plasma^{##}</i>	Minimum 2	Minimum 3	39.70 (13.22) 21-58	5	5	19.80 (7.86)
<i>Maximum WB and plasma^{##}</i>	Minimum 2	Minimum 2	43.70 (12.43) 23-58	7	3	25.00 (15.15)

Note. [#] All had donated within last 3 months. ^{##} Specific patterns of donation behavior within 24 (*Flexible*) and 12 months (*Maximum*) time periods.

Table 2

Identified categories and selected illustrative quotes

Category	Content	Illustrative Quote
Nothing additional	i.e., would change based on BCA request or advice only, no further information required, nothing more that BCA could do	“To be honest, I don't really think about it ... There doesn't need to be a reason.” <i>New to both, male donor, participant 17</i>
Donation logistics	e.g., appointments, reminders, improve streamline process including reduce repetitive questionnaire	“... they make phone calls, normally ...I would rather they send text messages every so often saying what they wanted.” <i>Plasma, male donor, participant 14</i>
Inventory level, demand	e.g., advise that donation type is needed, information on the inventory level or need	“... they are all in need, regardless, but they probably specifically need one more than the other. So maybe just saying, "We are low this week. We really appreciate that you do a whole blood instead of plasma, plasma instead of whole blood".” <i>Plasma, female donor, participant 27</i>
Donation types	i.e., education about plasmapheresis and whole blood differences between the types	“I think just providing that information. So making it a little bit more accessible. ...having a bit more information about the other options for donation as well.” <i>New to plasma, female donor, participant 12</i>
Would ask why	i.e., would ask the BCA to explain why the change in donation type was required	“Well I suppose you'd probably want to know well okay why?” <i>Maximum, male donor, participant 44</i>
Recipient	e.g., information about recipients, uses of the donation	“... what is the benefits for others.” <i>Plasma, male donor, participant 8</i>
Donor-specific	e.g., advise eligibility to do both, provide information about expected experience, including time taken and impact on donor	“... and then obviously the effects that it's going to have on me; so whether I will be able to do physical activity later on or something like that.” <i>WB female donor, participant 12</i>
Rewards	e.g., acknowledgement of donation numbers, competition	“You get to a certain number and you get a little badge that you wear. I quite like that idea...” <i>New, male donor, participant 15.</i>
Reputation of source	i.e., BCA's reputation sufficient	“Uhm. Not really. I mean, I am quite willing to trust the blood service to know what they want.” <i>WB, male donor, participant 13</i>

Table 3

Period of notice required to change from (a) WB appointment to plasmapheresis donation and (b) plasmapheresis appointment to WB donation

Notice required	% of Total sample	No Plasma	New to WB and Plasma	New to Plasma	Plasma	Flexible	Maximum
(a) WB to PLS		n=3	n=8	n=10	n=10	n=9	n=4
On the spot, no notice required	25	1	3	2	2	1	2
On the spot, no notice required, but depends on commitments	7	0	0	0	2	1	0
1 hour	2	0	0	0	0	1	0
Same day	7	0	1	1	1	0	0
Day before appointment, 24 hours	23	0	3	3	1	3	0
2 days	25	2	0	1	4	2	2
3 or 4 days	2	0	0	1	0	0	0
1 week	9	0	1	2	0	1	0
Depends on circumstances at time, unable to provide time	2	0	0	0	0	0	1
(b) PLS to WB		n=1	n=8	n=10	n=10	n=8	n=2
On the spot, no notice required	64	0	5	5	5	8	2
Same day	15	0	1	2	3	0	0
24 hours	8	0	2	1	0	0	0
1 business day	3	0	0	0	1	0	0
2 days	5	1	0	0	1	0	0
3 or 4 days	3	0	0	1	0	0	0
1 week	3	0	0	1	0	0	0

Note: *No plasma* and *Maximum* sample donors not asked or no response to notice required as had indicated not willing or could not answer